



State of Wisconsin • DEPARTMENT OF REVENUE

Processing and Customer Service Division • 2135 Rimrock Road • PO Box 8902 • Madison, WI 53708-8902
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Registration For Rental Vehicle and Limousine Fee Accounts

Seller's Permit number (if you have one)			
Real name (corporation, limited liability company, partnership, or individual)			
Trade or business name		Telephone ()	
Principal type of business		County	
Business Address: Street/Route	City	State	Zip code
Date you became subject to these fees			
Mailing Address: (If different than business address)	City	State	Zip code
Federal employer identification number		Wisconsin employer identification number	
Organization type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> In State Corporation <input type="checkbox"/> Out of State Corporation <input type="checkbox"/> LLC or Other (<i>explain</i>) _____			
Will business be operated all year? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, enter: ►			
		Month Open	Month Closed
Check box(es) that apply to your business: <input type="checkbox"/> Rental Vehicle Fee <input type="checkbox"/> Limousine Service			
Contact Person: Name		Telephone ()	

Please Complete Reverse Side If You Do Not Have a Seller's Permit or Use Tax Registration Certificate

Provide the following information for a sole proprietor, all general partners of a partnership (if only one general partner, please write "no other general partners" in second column), all members of a limited liability company (if only one member, please write "no other members" in the second column), or the principal officers of a corporation. If additional space is needed, attach a separate sheet.

Name			
Social Security Number			
Home Address			
City State, Zip			
Title			